

#### TRANSAMERICA EMPLOYEE BENEFITS

## STOP LOSS APPLICATION BOOKLET

Thank you for considering our products to meet the needs of your clients.

Sign the pages listed and send them to:

### **Transamerica Employee Benefits**

1400 Centerview Drive, Little Rock, AR 72211 Fax: (866) 224-1923

Heidrun.Norman@transamerica.com

1	SIGNATURE CHECKLIST SIGN the following pages:					
4		Signed It!				
5		Signed It!				

SUBMISSION CHECKLIST SEND the following pages:			
2		Sent It!	
3		Sent It!	
4		Sent It!	
5		Sent It!	

TEB.APP.SL2 04.15





MGU:

# **APPLICATION FOR APPOINTMENT**

Required for processing appointment and background investigation.

NATURAL PERSON	1 Full Legal Name
INFORMATION	2 SSN E-mail
Complete this section if you are applying as a <b>Natural Person.</b>	3 Home Address
	4 Home Phone Home Fax  5 Spouse Name  6 Date of Birth Gender: Male Female  7 Business Mailing Address
	8 Business Phone Business Fax  Business Cell
BUSINESS ENTITY INFORMATION  Complete this section	1 Full Legal Name of Entityexact name as it appears on license 2 State Where Entity Organized  3 Date Entity Organized
if you are applying as a <b>Business Entity.</b>	4 Type: 0 Corporation 0 Partnership 0 Limited Liability 0 Other (please specify)  5 How long doing business in community  6 Taxpayer ID #  7 Business Mailing Address
	8 Bus. Phone ext Bus. Fax Business E-mail Address

Form TEB.SLAPP 04.15





# BACKGROUND INFORMATION "YES" answers to questions 11 - 20, require explanation. Please attach it to the application.

-	From	To Street City Sta	nte		Zip	
_			Nat Per	ural son	Busi En	iness tity
Hav	e yo	u or the legal entity:	Yes	No	Yes	No
10.	EV	ER plead guilty or no contest to, or been convicted of, any felony or misdemeanor (exclude minor traffic enses), or are there any criminal charges currently pending against it?	0	0	0	0
11.		<b>ER</b> been the subject of disciplinary sanctions, reprimand, fine, assessment, consent order, license pension, or license revocation for any insurance or securities activities?	0	0	0	0
12.	EV	R or is it now involved in a complaint to or investigation by an insurance or securities department?	0	0	0	0
13.	EV	R had a fidelity or fiduciary bond denied or revoked, or has a bonding company paid out on a bond for it?	0	0	0	0
14.		R or is it now involved in any litigation or bankruptcy or are there any unsatisfied judgments or liens standing against it?	0	0	0	0
15.		ER been known corporately by another name, conducted business under any assumed name or carried lik accounts in another name than that shown on this application?	0	0	0	0
16.	EV	R had an agency contract nulled?	0	0	0	0
17.	Ind	ebted or alleged to be indebted to any insurer as general agent under an agency contract?	0	0	0	0
18.	Have you or any corporate officer or director or member of partnership EVER:					
	a.	Been associated with a firm, over which such person exercised management or policy control, which was charged, during the tenure of such person with such firm, with a felony or misdemeanor?	0	0	0	0
	b.	Been suspended or barred from the practice of any profession?	0	0	0	0
	C.	Been involuntarily terminated or permitted to resign from employment from an agent or representative appointment with any insurance or other financial services company other than for lack of production? (including but not limited to violation of insurance or investment related statutes, regulations, rules or industry standards of conduct and failure to supervise in connection with the same, fraud or the wrongful taking of property, made a general assignment or associated with a firm who did so for benefit of creditors, insolvent, filed a voluntary bankruptcy petition, or been adjudged to be bankrupt.)	0	0	0	0
19.		you or the legal entity now the subject of any complaint investigation, or proceeding that could result in a s" answer to any of the above questions?	0	0	0	0

Please note if you sell our LTC-Rider products you will be required to send in your LTC certificate. For questions about LTC Training & Continuing Education contact the State's Department of Insurance.

Appoint me in the following Non-Resident states:	

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Form TEB.SLAPP 04.15





If this form is sent to us by facsimile machine (fax), the undersigned adopts the document received by us as a duplicate original and adopts the signature produced by the receiving fax machine as the undersigned's original signature.

#### The Violent Crime Control and Law Enforcement Act of 1994 (the "1994 Crime Act") makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an **VIOLENT CRIME** investigation by an insurance regulator. THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO **CONTROL AND** HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED LAW ENFORCEMENT ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF **ACT OF 1994** INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT. Penalties for violating the 1994 Crime Act include Civil fines up to \$50,000 and imprisonment for up to 15 years. Will there be a violation of the 1994 Crime Act if you act as an insurance agent? Yes No I hereby certify my answers to the questions appearing in this application are true and complete. 1. Under penalties of perjury, I hereby certify (1) the Taxpayer Identification Number (TIN) on this application is correct and (2) that the legal entity is not currently subject to backup withholding. (Cross out (2) if not correct.) I hereby acknowledge that I have read, understand, received and retained for my records a copy of **APPLICANT'S** the Fair Credit Reporting Act Disclosure. **DECLARATION EXECUTION:** Full Name of Natural Person Date Full Name of Business Entity Date X Signature of Natural Person, Authorized Officer or Partner Title YOU MUST BE APPOINTED BY AND HAVE A FULLY EXECUTED CONTRACT WITH THE COMPANY PRIOR TO ANY

when all forms are processed and appointment is effective.)

SOLICITATION OF BUSINESS AND COLLECTION OF ANY MONIES. (Supplies, including policy applications, will be sent





If this form is sent to us by facsimile machine (fax), the undersigned adopts the document received by us as a duplicate original and adopts the signature produced by the receiving fax machine as the undersigned's original signature.

# FAIR CREDIT REPORTING ACT AUTHORIZATION TO RELEASE INFORMATION

FAIR CREDIT REPORTING ACT DISCLOSURE	This is to notify you in connection with your application for appointment/contract, we may procure a consumer report on you and/or Business Entity as part of the process of considering your application. In the event information from the report is utilized, in whole or in part, in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. Please be advised we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Additional information concerning the Fair Credit Reporting Act, 15 U.S.C 1681 et seq. is available at the Federal Trade Commission's web site (http://www.ftc.gov).				
AUTHORIZATION FOR RELEASE OF INFORMATION	If an investigative consumer report and/or consumer report is processed, I understand I at copy. I have indicated below whether I would like a copy.  In California if you choose to receive a copy of the consumer credit report, it will be sent vemployer receiving a copy. You will receive a copy of the investigative consumer report wemployer's receipt of the report.  **Applicant's Signature**	reporting agencies, to on shall remain valid and serves the right to run sis  consumer report was porting agency furnishing edit Reporting Act.  Business Information 60-1680.  ained through Business ned, I understand I am  Yes No			
	Applicant's Full Name				
	Date of Birth Social Security #				
	Date of Birth required for background investigation purposes and will NOT be used for any oth	ner purpose.			
	Current Residence Address				

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